




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to obtain a copy of the full coverage terms, call the following telephone numbers according to coverage; for medical-hospital services call 1.855.830.9887 or 787.945.1348, for pharmacy benefits call 1.855.252.2292 / 1.800.850.6682 TTY/TDD and for dental services call 1.855.359.6409. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.mcs.com.pr](http://www.mcs.com.pr) or [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary), or call to 1-855-830-9887 or 787-945-1348 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes, emergency services.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You have to meet <a href="#">deductibles</a> for specific services before this plan begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Yes. -- For Medical-Hospital services: \$1,600 - individual and \$3,200 - family --For pharmacy benefit: \$5,000 individual and \$10,000 family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, Health care not covered by the Plan and expenses of the following coverage: Optional Coverage: Vision.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> : <ul style="list-style-type: none"> <li>• Optional Benefits</li> <li>• Premiums</li> <li>• Value Added Programs</li> <li>• Major Medical Expenses</li> <li>• Cost sharing paid by a third party (example: discount programs, patient assistance programs provided by manufacturers or foundations)</li> </ul>
Will you pay less if you	Yes. Visit <a href="http://www.mcs.com.pr">www.mcs.com.pr</a> or call	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a provider in the <a href="#">plan's network</a> .

Important Questions	Answers	Why This Matters:
use a <a href="#">network provider</a> ?	1-855.830.9887 or 787.945.1348 for a list of <a href="#">network providers</a> .	You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a referral.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	\$10 copay - visit to generalist	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	
	<a href="#">Specialist</a> visit	\$10 copay - visit to specialist		
	<a href="#">Sub-specialist</a> visit	\$15 copay - visit to sub-specialist		
	<a href="#">Preventive care/screening/immunization</a>	No charge		
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	25% coinsurance	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	PET Scan/PET CT - Covered up to a maximum of one (1) per anatomic region, per policy year. Requires pre-authorization.  CT Scan/MRA/MRI - Covered up to a maximum of one (1) per anatomic region, per policy year. Does not require preauthorization.
	Imaging (CT/PET scans, MRIs)	25% coinsurance		
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available	Generic drugs	Point of Service: \$0 copay / Mail Order: \$0 copay	You pay 100% of the costs. No reimbursement applies.	The following rules apply: <ul style="list-style-type: none"> <li>• Generic drugs as first option.</li> <li>• Up to 15 days' supply for drugs to treat acute conditions.</li> </ul>
	Brand drugs	Point of Service: 25% coinsurance / Mail Order: \$20 copay		

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.mcs.com.pr](http://www.mcs.com.pr).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
through MC-Rx's Member Portal at <a href="http://www.mc-rx.com">www.mc-rx.com</a> .	New drugs	Point of Service: 25% coinsurance / Mail Order: \$20 copay		<ul style="list-style-type: none"> <li>• Up to 30 or 90 days' supply for maintenance drugs, as applies.</li> <li>• Specialty drugs are not dispensed through mail order.</li> <li>• Some drugs require prior authorization of the Pharmacy Benefit Manager (PBM).</li> </ul> <p>These are drugs that you can buy without a prescription. They are safe and effective when you follow the instructions in the label or from a healthcare professional. These drugs are approved by the Food and Drug Administration (FDA) in the same dosage as when they were legend drugs. Your pharmacy benefit covers some OTC drugs that require a written prescription from your doctor:</p> <ul style="list-style-type: none"> <li>• Proton Pump Inhibitors (PPIs)</li> <li>• Non-sedating antihistamines</li> <li>• Nasal steroids</li> <li>• Eye allergies</li> </ul>
	<a href="#">Specialty drugs</a>	30% coinsurance, maximum \$250		
	Over-the-Counter Drugs (OTC)	\$0 copay		
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$25 copay - outpatient facility		0% for endoscopic procedures, plus outpatient facility copay. Requires pre-authorization through Clinical Affairs.
	Physician/surgeon fees	No charge.		
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$0 copay - accident \$50 copay - sickness	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable	<p><b>Ground ambulance in PR</b> - No travel limit per year policy, by reimbursement.</p> <p><b>Air ambulance in PR</b> - maximum of one trip per policy year. Subject to evaluation by MCS.</p>
	<a href="#">Emergency medical transportation</a>	Ground ambulance in PR: MCS will reimburse up to a maximum of \$75 per trip. Air Ambulance in PR: 20% coinsurance		

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		applies to the rates established by MCS with the facility contracted for these services.	for the service received.	
	<a href="#">Urgent care</a>	\$10 copay		
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$50 copay - hospitalization		
	Physician/surgeon fees	No charge.		
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$10 copay - psychology visit \$10 copay - psychiatrist visit	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	
	Inpatient services	\$50 copay - hospitalization and partial hospitalization		
<b>If you are pregnant</b>	Office visits	\$8 copay for specialist		A copayment of \$0 would apply, if the member registers in Healthy Mothers & Babies “Madres y Bebés Saludables”, during the first 3 months of pregnancy.
	Childbirth/delivery professional services	No charge.		
	Childbirth/delivery facility services	\$50 copay - hospitalization		
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	Maximum of 60 days per policy year. Coordinated through Clinical Affairs.
	<a href="#">Rehabilitation services</a>	No charge		Covered under Home Health Care. Coordinated through Clinical Affairs.
	<a href="#">Habilitation services</a>	No charge		Covered under Home Health Care. Coordinated through Clinical Affairs.
	<a href="#">Skilled nursing care</a>	No charge		Coordinated through Clinical Affairs.
	<a href="#">Durable medical equipment</a>	25% coinsurance		Requires prior authorization.
	<a href="#">Hospice services</a>	\$0 copay		Covered through Basic cover. Requires pre-authorization through Clinical Affairs.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.mcs.com.pr](http://www.mcs.com.pr).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$0 copay		One per policy year.
	Children's glasses	\$130 Maximum Benefit each policy year		Covered through contracted facilities or reimbursement.
	Children's dental check-up	No charge	Not covered	Covered under the dental cover. Up to one (1) review every six (6) months.

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<p><b>Some General Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Services not medically necessary</li> <li>• Charges the person is not legally obligated to pay</li> <li>• Injuries arising as a result of intent to commit an illegal act.</li> </ul>	<ul style="list-style-type: none"> <li>• Services provided and/or covered under state or federal law, for which the insured is not legally obligated to pay, such as services rendered by the Automobile Accident Compensation Administrator (Spanish acronym ACAA) and the State Insurance Fund.</li> <li>• Expenses or services for new medical procedures considered experimental or investigative, until MCS determines their inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Payments made by person covered under this policy to a participating provider without being obliged by this contract to do so.</li> <li>• Drugs or medicine obtained without a doctor's prescription or not approved by the Food and Drug Administration (FDA).</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Acupuncture (through MCS Alivia)</li> <li>• Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (adults)</li> <li>• Routine foot care</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the Puerto Rico's Office of Commissioner of Insurances, contact [www.ocs.gobierno.pr](http://www.ocs.gobierno.pr) or call to 787.304.8686; for the Department of Health & Human Services' Center for Consumer Information & Insurance Oversight (CCIIO) contact [www.cciio.cms.gov](http://www.cciio.cms.gov) or call to 1.877.267.2323 x. 61565; for the Department of Labor's Employee Benefits Security Administration (EBSA) contact [www.dol.gov/ebsa/contactEBSA/consumerassistance.html](http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html) or call to 1.866.444.EBSA (3272). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: MCS Life Insurance Company at <http://www.mcs.com.pr> or calling to the number specified in the back of your health plan card, or 1.888.758.1616 toll free (TTY/TDD users 1.866.627.8182); Puerto Rico's Office of Commissioner of Insurances, contact [www.ocs.gobierno.pr](http://www.ocs.gobierno.pr) or call to 787.304.8686; or to Department of Labor's Employee Benefits Security Administration (EBSA) contacting [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call to 1.866.444.EBSA (3272).

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.mcs.com.pr](http://www.mcs.com.pr).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en español, llame al 1.888.758.1616 (TTY: 1.866.627.8182).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1.888.758.1616 (TTY: 1.866.627.8182).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1.888.758.1616 (TTY: 1.866.627.8182).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1.888.758.1616 (TTY: 1.866.627.8182).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist [cost sharing]</a>	\$8
■ Hospital (facility) <a href="#">[cost sharing]</a>	\$50
■ Other <a href="#">[cost sharing]</a>	25%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,892</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$240
<a href="#">Coinsurance</a>	\$209
<i>What isn't covered</i>	
Limits or exclusions	\$96
<b>The total Peg would pay is</b>	<b>\$546</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist [cost sharing]</a>	\$10
■ Hospital (facility) <a href="#">[cost sharing]</a>	\$50
■ Other <a href="#">[cost sharing]</a>	25%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$372
<i>What isn't covered</i>	
Limits or exclusions	\$4,313
<b>The total Joe would pay is</b>	<b>\$4,785</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist [cost sharing]</a>	\$10
■ Hospital (facility) <a href="#">[cost sharing]</a>	\$50
■ Other <a href="#">[cost sharing]</a>	25%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,925</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$308
<a href="#">Coinsurance</a>	\$13
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$321</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.